

FILED
Mar 25 1997 8:00am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Brenda B. Norrheim
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000046308 (8)

1. Corporation Name
WILLIAM TOWNE DESIGN, INC.



Principal Place of Business
2822 PARKLAND BLVD
TAMPA FL 33609

Mailing Address
2822 PARKLAND BLVD.
TAMPA FL 33609-5318

3. Date Incorporated or Qualified
06/31/1996

3a. Date of Last Report

4. FEI Number
59-3380518

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21. SAME
Suite, Apt. #, etc.

2a. Mailing Address
26. SAME
Suite, Apt. #, etc.

23. City & State

27. City & State

24. Zip

25. Country

28. Zip

29. Country

30. Country

8. Name and Address of Current Registered Agent
TOWNE, WILLIAM A II
2822 PARKLAND BLVD.
TAMPA FL 33609

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. FL

86. Zip Code

11. Pursuant to the provisions of Sections 607.0509 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change is authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Sections 607.0509 and 607.1506, Florida Statutes.

SIGNATURE

NOTE: Registered Agent signature required when replacing

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D TOWNE, WILLIAM A II

STREET ADDRESS 2822 PARKLAND BLVD.

CITY-ST-ZIP TAMPA FL 33609

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.02, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature has the same legal effect as if made under oath. I am an officer or director of the corporation or a receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

3/15/97

THOMAS & COMPANY